

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

CTD065522849

ALLIED PLATERS INC
PO BOX 6145
HARTFORD CT 06106

INSTALLATION ADDRESS > 525 PARK STREET
HARTFORD CT 06106

EPA Form 8700-12B (4-80)

11/20/80

REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

65

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA	ID	Number:	CT D065522849	Company	Name:	ALLIED	PLATERS	INC
Date	2 01	Request	: 5/15/00	Town: _		HARTFORD		_

	CTION/ITEM BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
ı.	Name of Installation			
II.	Location of Installation			
III.	Mailing Address of Installation	P O BOX 260145 HARTFORD CT 06126-0145	379 CHAPEL RD SO WINDSOR CT 06074	PER 99 SQG REPORT
IV.a.	Installation Contact's Name			
b.	Installation Contact's Title		s s	-
ċ.	Installation Contact's Phone			
V.a.	Ownership	e		
b.	Property Owner			•
VI.	Status	,	Change Status to:	
	Originally noti (please circle) CESQG (<100			
	SQG (100 -			
	LQG (>1000			
	Transporter			
	T/S/D Facility	•		

REQUEST FOR CHANGE

	of Request: <\12		Y NAME: Alled	
		TOWN:	- Hartfor	<u>d</u>
	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
I*	Name of Installation	19		
II**	Location of Installation		6/10/98	
III	Installation Mailing Address	PO BOY 6145	6.0. Box 260145 Hartford, Ct 06126-	1991 506 1901
IV a.	Installation Contact's Name			
b.	Installation Contact Title			
c.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
/I	Status	(Originally noti:	fied as:)	
		SQG (<100 kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to	

^{*} Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

^{**} If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.

REQUEST FOR CHANGE

		TOWN:	Hartford	
192	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
	Name of Installation		- -	
	Location of Installation			
	Installation Mailing Address		Jus 22/89	
a	Installation Contact's Name	Schreier Thomas W	Daniel J Toce	per 1988 SQG Repor
b	Installation Contact Title	Officer	President	
c	Installation Contact Phone #			
a	Ownership			-
ъ	Property Owner			-
	Status	(Originally noting SQG (<100kg)	Change status to:	-
		SQG (100-1000kg)		_ =
	-	TRANSPORTER	-	
		TSDF	- <u>.</u> -	
	EPA - Waste Number(s)			
3	TSD Facility Pr Changes (handli methods).	ocess	Maria di	
- "				

U.S. ENVIRONMENTAL PROTECTION AGENCY

	CTIONS: If you received a preprinted
CTD065522849 ALLIED PLATERS INC SES FARK ST PO BOX 6145 HARTFORD CT 06106 CT 06106 ALLIED PLATERS INC SINCE SI	fix it in the space at left. If any of the ion on the label is incorrect, draw a line it and supply the correct information propriate section below. If the label is and correct, leave Items I, II, and III ank. If you did not receive a preprinted mplete all items. "Installation" means a te where hazardous waste is generated, stored and/or disposed of, or a transprincipal place of business. Please refer NSTRUCTIONS FOR FILING NOTIFITIESTRUCTIONS FOR FILING NOTIFI
FOR OFFICIAL USE ONLY	en a distribuit de la companya de la companya di companya di companya di companya di companya di companya di co
COMMENTS C C C C C C C C C C C C C C C C C C C	
INSTALLATION'S EBALD NUMBER DATE RECEIVED	55
FCTD065522849 13 1 800707 Jul 7 2	2 39 PM '80
I. NAME OF INSTALLATION	
A LLIED PLATERS INC	
II. INSTALLATION MAILING ADDRESS	67
STREET OR P.O. BOX	
3 P O B OX 6 145	
CITY OR TOWN ST. ZIP CODE	
4 H AR T FO R D CT 6 6 16 6	
III. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER 5 5 25 PARKSTREET	
15 16 45	S 25 EARCH FOR THE CITY OF
CITY OR TOWN ST. ZIP CODE CT 0 6 10 6	2.7
IV. INSTALLATION CONTACT	
	ONE NO. (area code & no.)
2 S CHRELER THOMAS W. OFFICER MGR. 20	3-249-6839
V. OWNERSHIP	LAND BANKERHOUSE
A. NAME OF INSTALLATION'S LEGAL OWNER S C ORP O FA TION DANIEL A TOCE PRESID	TO AT OR I I
15 16	ENT 55
(enter the appropriate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X"	in the appropriate box(es)) RTATION (complete item VII)
M = NON-FEDERAL	ROUND INJECTION
VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))	NOOND INJECTION
A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER (specify)	A LOUIS BOOKS IS ON ASVERSE
VIII. FIRST OR SUBSEQUENT NOTIFICATION	
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous wallf this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.	ste activity or a subsequent notification.
A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)	C. INSTALLATION'S EPA I.D. NO.
IX. DESCRIPTION OF HAZARDOUS WASTES	
Please go to the reverse of this form and provide the requested information.	

X. DESCRIPTION OF HAZARDOUS WASTES (continued from front) I. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number frow waste from non-specific sources your installation handles. Use additional sheets if necessary. 1 2 3 4 F 0 06 F 0 9	
1 2 3 4 F 0 0 6 F 0 0 9	
F006 F009	
	5 6
23 - 26 7 8 23 - 26 23 - 26	23 - 26 23 - 26
RIAIO7 10	11 12
23 - 26 23 - 26 23 - 26	
HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 (CFR Part 261,32 for each listed hazardous waste
The desired and the desired an	
13 14 15 16	17 18
23 - 26 23 - 26 23 - 26	
23 - 26 19 20 23 - 26 23 - 26 23 - 26 22 22	23 - 26 23 - 26
23 - 26 23 - 26 23 - 26	23 - 26 23 - 26
25 27 28	29 30
COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number	23 - 26 23 - 26
tance your installation handles which may be a hazardous waste. Use additional sheets if necess	er from 40 CFR Part 261.33 for each chemical su sary.
31 32 33 34	35 36
	O DECK G JALS
23 - 26 23 - 26 23 - 26	23 - 26 23 - 26
37 38 39 40	41 42
23 - 26	AR T HO R D
43 44 45 46	23 - 26 23 - 26
23 - 26 23 - 26 23 - 26	23 - 26 23 - 26
ISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for expensively, medical and research laboratories your installation handles. Use additional sheets if ne	ach listed hazardous waste from hospitals, veterio
49	
50 51 52	53 54
23 - 26 23 - 26 23 - 26 23 - 26	23 - 26 23 - 26
HARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes correspond to wastes your installation handles. (See 40 CFR Parts 261.21 – 261.24.)	responding to the characteristics of non—listed
1. IGNITABLE 2. CORROSIVE 3. REAL (D001) (D003)	CTIVE A. TOXIC
ERTIFICATION	1200)
ertify under penalty of law that I have personally examined and am familiar wit ached documents, and that based on my inquiry of those individuals immediately elieve that the submitted information is true, accurate, and complete. I am aware ting false information, including the possibility of fine and imprisonment.	it reamonable for obtaining the total
ATURE NAME & OFFICIAL TITLE (type of	print) DATE SIGNED
	DATE SIGNED
Président	

CONTINUE ON REVERSE

(90 Form 8750-12 (8-80)

I.D. - FOR OFFICIAL USE ONLY

small 6 only



525 PARK ST., HARTFORD, CONN. 06106, TEL. 249-6839

August 18, 1980

United States Environmental Protection Acency RPA Region 1 Permit Branch P.O. Box 8748 Boston, Mass. 02114

Gentlemen:

Re. Form OMB No.158-S79016
GSA No. 0246-EPA-OT
Installation's EPA I.D. No. CTD065522849

We are writing to you in regards to amending the above form which we submitted to you. Since we submitted the form we received instructions on how to fill the form from our Plating Association and would like to amend the form accordingly. We are a "Small Quantity Generator" and the back page should not apply to our Operations. Please take the neccessary action to amend the from we have submitted to your office. Thank you.

Very truly yours,

ALLIED PLATERS, INC.

Thomas W. Schreier, Office Manager

SEPA	NOTIFICATION	N OF HAZARDO				장은 기계에 가장하다 그렇게 다 가게 있다.		a preprinted If any of the
INSTALLA- TION'S EPA I.D. NO.	CTDO	655 228	49		information through it a	on the labe	I is incorrect	t, draw a line information if the label is
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INSTALLA- TION II. MAILING ADDRESS	ALLIE	D PLA	ΓERS, Ι	NC.	lebel, comple single site w treated, stor porter's prin	ete all item here hazan ed and/or cipal place	s. "Installat dous waste disposed of of business	ion" means a is generated, , or a trans- . Please refer ING NOTIFI-
LOCATION OF INSTAL- LATION	525 PAR	ARTFORD, CO K STREE D CONN	NN. 06106		CATION be	requested to 0 of the Re	pleting this nerein is rec	form. The quired by law eservation and
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ALLIED	PLATER	SIINCI					67	
II. INSTALLATIO	N MAILING ADDR	ESS	100000					
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THARTE	RO CON	TOWN		ST. ZII	/ O G			
III. LOCATION O	FINSTALLATION							
5 5 2 5 PM R	STREET OF STREET	OR ROUTE NUMBER		Ш	48			28
6 HART FO	CITY OR	TOWN		ST. ZI	106			
IV. INSTALLATIO	ON CONTACT							
27 Homas	NAME AND	RETER (last, first, & je	b title)		203	- 2 4 9	code & no.)	5
V. OWNERSHIP	Should No						A CARSO	152.53
EDANIEL	W Tok	NAME OF INSTAL	100 WT	CORP	PRAT	IPM	35	
(enter the appropriat	wnership e letter into box) VI	A-3	RDOUS WASTE	-	nter "X" in			Control of the last of the las
F = FEDERAL M = NON-FEDI	ERAL MA	ZA. GENERA	TION	80 mg	UNDERGRO			VII)
	ANSPORTATION	transporters only -	enter "X" in the	appropriate	box(es))			
A. AIR	B. RAIL	C. HIGHWAY	D. WATER	E. OTHE	m (apecify):			
Mark "X" in the appr	UBSEQUENT NOTI opriate box to indicate t notification, enter you	whether this is your i	nstallation's first no L.D. Number in the	tification of he pace provided t	below.			t notification.
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	OF HAZARDOUS				The state of	١٥١٩	· ハへ 0	

EPA Form 8700-12 (6-80)

Please go to the reverse of this form and provide the requested information.

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ance your installation h	nandles which may be a	hazardous waste. Use ac	Iditional sheets if necessary	ry. 35	33 for each chemical sub-
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ISTED INFECTIOUS Vospitals, medical and re	WASTES. Enter the four esearch laboratories your	r-digit number from 40 installation handles. U	CFR Part 261.34 for ea se additional sheets if ne	ch listed hazardous was cessary.	te from hospitals, veterina
49	50	51	52	53	54
			Service Service		
HARACTERISTICS O	F NON-LISTED HAZA	RDOUS WASTES. Mar	k "X" in the boxes corn	esponding to the charact	teristics of non-listed
azardous wastes your in	nstallation handles. (See	40 CFR Parts 261.21 -	261.24.1	Charles St. 11	
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MAJURE		NAME & OF	FICIAL TITLE (type or		DATE SIGNED
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